## **CLAIMS ONLY**

SERIAL NO. 09966529
APPLICANT(S)

FILING DATE

CLAIMS

|               |  |  | _    |               |                     |             |  |
|---------------|--|--|------|---------------|---------------------|-------------|--|
|               | AS   | AS FILED   |      | TER<br>NDMENT | AFTER 2nd AMENDMENT |             |  |
|               | IND.   | DEP.   | IND. | DEP.          | IND.                | DEP.        |  |
| 1             | 1  |  |      | T             |                     |             |  |
| 2             |  | 1  |      |               |                     | <u> </u>    |  |
| 3             |  | 1  |      |               |                     |             |  |
| 4             |  |  |      |               |                     |             |  |
| 5             |  | 1  |      |               |                     |             |  |
| 6             |  | 1  |      |               |                     |             |  |
| 7             |  | 1  |      | ļ             |                     |             |  |
| 8             | <u> </u>   |  |      |               |                     |             |  |
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| 14            |  | <del> !</del>                                    |      |               |                     |             |  |
| 15            | <del> </del>                                     |  |      | <b></b>       |                     |             |  |
| 16            | <del>                                     </del> |  |      |               |                     |             |  |
| 17            | <del>                                     </del> |  |      | <del></del>   |                     |             |  |
| 19            | <del></del>                                      |  |      |               |                     |             |  |
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| 22            | <del> </del>                                     | <del>'</del>                                     |      |               |                     |             |  |
| 23            | <del>                                     </del> | <del></del>                                      |      |               |                     |             |  |
| 24            | <del>                                     </del> | <del>'</del>                                     |      |               |                     |             |  |
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| 41            |  |  |      |               |                     |             |  |
| 42            | <b> </b>   | <b></b>  |      |               |                     |             |  |
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| 46            |  | <b>├</b> ─ <b> </b>                              |      |               |                     |             |  |
| 47<br>48      | <del> </del>                                     | <del>  </del>                                    |      |               |                     |             |  |
| 48            | <del> </del>                                     | <del>                                     </del> |      | <b></b>       |                     |             |  |
| 50            | <del> </del> -                                   |  |      |               |                     |             |  |
| TOTAL         |  | <b>—</b>   |      | <del> </del>  |                     |             |  |
| IND.          | 8  |  |      | _#            |                     | 1           |  |
| TOTAL<br>DEP. | 31   | - [  |      | <b>-</b> [    |                     | -           |  |
| TOTAL         |  |  |      |               |                     |             |  |

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|                 | IND.          | DEP.     | IND.     | DEP.          | IND.     | DE         |
| 51              |               | <u> </u> | <u> </u> | <u> </u>      |          | <u> </u>   |
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| 53              |               |          |          |               |          |            |
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| 59              |               |          | <u> </u> |               |          | <u> </u>   |
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| 63              |               |          | ļ        | <b>-</b>      |          | ļ          |
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| 65              |               |          | <u> </u> | ļ             | L        |            |
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| 73              |               |          |          |               |          |            |
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| 76              |               |          |          |               |          |            |
| 77              |               |          |          |               |          |            |
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| 79              |               |          |          |               |          |            |
| 80              |               |          |          |               |          |            |
| 81              |               |          |          |               |          |            |
| 82              |               |          |          |               |          |            |
| 83              |               |          |          |               |          |            |
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| 85              |               |          |          |               |          |            |
| 86              |               |          |          |               |          |            |
| 87              | <u>.</u>      |          |          |               |          |            |
| 88              |               |          |          |               |          |            |
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| 100             |               | I        |          |               |          |            |
| TOTAL IND.      |               | , 1      |          | •             |          | _          |
| TOTAL           |               | 4        |          | <b>-</b>      |          | <b>—</b> 1 |
| DEP.            |               |          |          |               |          |            |
| TOYAL<br>CLAIMS |               |          |          |               |          |            |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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